

Employment Application for

OFFICE ASSISTANT III

RETURN APPLICATION TO:

Department of Employee Relations City Hall, Room 706 200 E. Wells St. Milwaukee, WI 53202-3554 414-286-3751 www.milwaukee.gov/jobs

INSTRUCTIONS TO APPLICANT- Please:

- 1. Print answers in black ink.
- 2. Answer all questions. Credit may not be given for incomplete information.
- 3. Date and sign page 2.
- 4. Staple together all pages of your application.
- 5. Keep a copy of completed application materials for your files.

Name (Last, First, Middle Initi						
	·					
Address						
City, State, Zip Code		_				
Day phone: () -		Evening phone:	()	<u>-</u>		
Cell phone: () -		Email Address:				
List any other names by wh	ich you have bee	n known on official 1	records:			
Do you currently live in the	Do you currently live in the city of Milwaukee? Yes No					
If yes, when did you become a	resident? (month,	/year)				
Due to limitations on employment of relatives, list the names and exact relationships of any relatives who are City of Milwaukee employees:						
List any licenses, registrations a related to the job you are apply		you possess, such as I	Driver's, Nursin	ng or Professional Engineer, that are		
TYPE NUMBER (if any)			TYPE	NUMBER (if any)		
You must be PRESENTLY emp	loyed by the City	of Milwaukee to apply	for this positio	n. Please list the following:		
Position Title	Employee ID#					
Department	Pepartment From (month/yr) to (month/yr)					
If you have ever been convicted below.	l of a felony or mis	sdemeanor, or have fel	ony or misdem	eanor charges pending, list details		
If you have NEVER been convi- please write NO.	cted of a felony or	misdemeanor, and have	ve no felony or	misdemeanor charges pending,		
YOU MUST PROVIDE YOUR BIRTHDATE ON PAGE 5 OF THIS APPLICATION. YOUR BIRTHDATE WILL BE USED FOR CONVICTION VERIFICATION ONLY. In the field below list your CHARGE, DATE, LOCATION, COURT and DISPOSITION OF CASE.						
CHARGE		I OCATION	COLI	RT DISPOSITION OF CASE		
	DATE I	LOCATION				
	DATE	LOCATION				
	DATE	LOCATION				

OPEN RECORDS/PUBLIC INFORMATION The City sometimes receives requests under the Wisconsin Public Records Law for the identity of job applicants and copies of the job applications. However, except for those applicants who are final candidates for positions, the City is prohibited from releasing the identity of applicants who have indicated in writing that they do not wish their identity to be revealed.
If you do not wish us to reveal your identity, please check the following box:
EDUCATION AND TRAINING Circle the highest grade or year completed in school: 1 2 3 4 5 6 7 8 9 10 11 12 Did you graduate from High School? Yes No If Yes, Name and Location of High School No Have you passed a high school equivalency or G.E.D. Test? Yes No Training beyond high school (college or university, nursing, business college, military or other training you have received). Under credits earned, indicate Q for quarter hours or S for semester hours. NAME AND LOCATION FULL OR DATES ATTENDED CREDITS MAJOR OR FIELDS OF STUDY TYPE OF DEGREE/DATE OF SCHOOL PART TIME FROM TO EARNED COMPLETED MO. YR. MO. YR. MO. YR.
READ CAREFULLY BEFORE SIGNING: I certify that all answers to questions on this application are true and complete. I understand that falsification of this application may result in disqualification or removal from a City position. I understand that a City Charter Ordinance requires City employees to live in the City. I also understand that covered employees are compensated for overtime work in accordance with the Fair Labor Standards Act. Individuals should discuss overtime pay practices with the appointing authority prior to accepting employment with the City. I authorize the City to make any inquiries about and receive any information about my suitability for employment. I give permission to persons contacted to provide such information. I forever waive, release and covenant not to sue any person or organization for any result of providing,

obtaining or acting upon such information. I understand that such information is sought with confidentiality, and I will not request copies of such information. A copy of this authorization shall be

SIGNATURE: _____ DATE: _____

effective as the original.

EMPLOYMENT HISTORY

Begin with current or most recent employment and work ba including periods of unemployment. IN ADDITION, LIST AN	
THAT MAY QUALIFY YOU FOR A POSITION. ATTACH ADI	
Employer	From (month/year):
	To (month/year):
Address	To (month/year): per
Your Title	Dout time
	☐ Part time ☐ Full time Hours per week:
Supervisor's Name, Title and Phone Number	Reasons for leaving:
Duties:	
Employer	From (month/year):
	To (month /year)
Address	To (month/year): per
Your Title	
	☐ Part time ☐ Full time Hours per week:
Supervisor's Name, Title and Phone Number	Reasons for leaving:
,	o o
Duties:	
Employer	From (month/year):
	To (month/year):
Address	Salary/Wage: \$per
Your Title	☐ Part time ☐ Full time
	Hours per week:
Supervisor's Name, Title and Phone Number	Reasons for leaving:
Duties:	I

TESTING ACCOMMODATIONS

In accordance with State and Federal laws, the City of Milwaukee is committed to ensure non-discrimination in employment of qualified individuals with disabilities.

Under the Americans with Disabilities Act, an individual with a disability is defined as one who: has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

"Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

The following information will be treated confidentially and used only to provide testing accommodations. Requests for testing accommodations must be made prior to the test administration so that arrangements can be made.

Will you require any special accommodations during the examination process?	
Yes No	
If yes, what kind of accommodations will you need?	
A signer	
A reader	
Extra time	
Other (Please describe)	
Comments:	
	_
	_
SIGNATURE: DATE:	

Provisions of test accommodations may be granted by the Department of Employee Relations only after review and evaluation on a case by case basis. Factors considered will include the nature of the examination and the knowledge, skills and abilities required for the job.

In accordance with the Immigration Reform and Control Act of 1986, the City will employ only persons legally authorized to work in the United States. Employment, if offered, is conditional upon the individual's ability to establish verification of identity and authorization to work within three business days of commencement of employment.

The City requires pre-employment drug testing.

THE CITY OF MILWAUKEE IS AN EQUAL OPPORTUNITY EMPLOYER THAT VALUES AND ENCOURAGES DIVERSITY.

City of Milwaukee

Supplementary Applicant Information

No applicant for employment shall be discriminated against because of race, color, creed, religion, sex, genetic testing, sexual orientation, marital status, membership in the military reserves, national origin, ancestry, age, arrest or non-job-related conviction record, non-job-related physical or mental disability, or the use or nonuse of lawful products off the employer's premises during nonworking hours.

Completion of this form is voluntary. We ask, however, for your cooperation in completing the following information. It will be treated confidentially and used only to help us monitor the City's Affirmative Action efforts and to comply with Federal recordkeeping requirements.

	Your birthdate must be provided and will be used for conviction verification:
PLI	ASE PRINT
1.	Name:
	LAST FIRST MIDDLE
2.	Recruiting information: How did you FIRST hear about this job opening? (please check only one) A. Milwaukee Journal Sentinel B. Other Newspaper (please specify) C. City Hall Posting D. Library Posting E. Community Agency Posting (please specify) F. College or University Posting (please specify) G. From a City Employee H. From Someone who is NOT a City Employee I. Job Hotline Number (414-286-5555) J. Received Job Interest Postcard in mail K. Job Fair/Career Talk (please specify) L. TV (please specify station) M. Radio (please specify station) N. www.milwaukee.gov/jobs O. Other internet site (please specify) P. OTHER (please specify)
3.	Sex (please check one): MALE FEMALE
4.	Race (please check one): Black/African American (not of Hispanic origin) Hispanic/Chicano/Puerto Rican/Mexican/Cuban/Central or South American White/Caucasian/European/North African/Middle Eastern (not of Hispanic origin) Native American Indian/Alaskan Native Asian American/Pacific Islander/Far Eastern/Indian subcontinent or Southeastern Asian (i.e., China, Japan, Korea, Philippine Islands, Samoa)
5.	List any languages, other than English, which you speak FLUENTLY:
6.	Certain Federal grant positions may require public housing development residency. Please complete the following it you are currently living in a City of Milwaukee public housing development. I live in the Housing Development.
The	above completed information is true to the best of my knowledge.
SIC	NATURE DATE